



APPLICATION FOR VOLUNTARY CERTIFICATE OF RECOGNITION

State Form 49443 (R / 12-01) / BCD 0034

Submit form to:

MS02

Child Care Health Section
Bureau of Child Development
Division of Family and Children
402 West Washington Street, Room W386
Indianapolis, Indiana 46204-2739

- INSTRUCTIONS:**
1. The Child Care Ministry must be currently registered.
 2. Complete the application form.
 3. Send completed application to address in upper right corner of this form.

Name of Child Care Ministry	Registration ID number
Address (number and street, city, state, ZIP code)	
County	Telephone number ()
Name of Director	
Check the area(s) in which you are requesting to receive recognition: <input type="checkbox"/> Health <input type="checkbox"/> Safety <input type="checkbox"/> Food / Nutrition <input type="checkbox"/> Infant / Toddler Care	
Date facility will be ready for inspection (month, day, year)	
Signature of applicant	Date (month, day, year)

PROCEDURE FOR RECEIVING VOLUNTARY CERTIFICATION IN HEALTH, SAFETY, FOOD / NUTRITION, AND INFANT / TODDLER IN REGISTERED CHILD CARE MINISTRIES

- Ministry must be registered and in compliance with both the Division of Family and Children and the Office of State Fire Marshal.

- (1) Fill out application and mail to:
MS02
Child Care Health Section
Bureau of Child Development
Division of Family and Children
402 West Washington Street, Room W386
Indianapolis, IN 46204-2739
- (2) At the next quarterly inspection, the ministry will be surveyed in the area(s) applied to see if all guidelines are being met.
- (3) A "Plan of Correction" will be left at the ministry detailing what guidelines were not being met.
- (4) The ministry will correct the guidelines not being met and send the "Plan of Correction" to the Child Care Health Section.
- (5) At the next quarterly inspection, the ministry will be surveyed again; and if all guidelines are being met, a CERTIFICATE OF RECOGNITION for each area will be mailed to the ministry.
- (6) The CERTIFICATE(S) OF RECOGNITION will be in effect for one year from the date of issue and will be displayed with the ministry's CERTIFICATE OF REGISTRATION.

CHECKLIST FOR FOOD / NUTRITION CERTIFICATION (All cites preceded by 470 IAC 3-4.1)				
#	YES	N/A	NO	GUIDELINES
1				A copy of ISDH 410 IAC 7-20 rule book is in the kitchen. [1-13 (h)]
2				A 3-compartment sink is in the kitchen. [1-13 (j)(a)(A)]
3				Meets 410 IAC 7-20 dishwashing requirements and standards. [1-13 (j)(2)(A)]
4				Manual dishwashing procedure is posted <u>and</u> used. [1-13 (j)(2)(A)]
5				Cleaning schedule is posted in the kitchen <u>and</u> used. (1-13 (j)(3))
6				Proper illumination of footcandles in kitchen. (70 footcandles) [1-14 (b)(6)(A)(B)(C)(D)]
7				Acceptable written and posted weekly menus in kitchen. [1-13 (h)]
8				Milk is served at all meals. [1-13 (c)]
9				A good source of Vitamin C is provided daily (Serve 100% Vitamin C fortified fruit juices.) [1-13 (d)]
10				Meals and snacks are served every 2-3 hours. [1-13 (c)]
11				At least 1 1/2 ounces of <u>high protein food</u> (such as meat, poultry, cheese, eggs, or dried beans) are served at lunch and dinner. [1-13 (c)]
12				A <u>good</u> source of Vitamin A is served at least two (2) times a week. [1-13 (c)]
13				Nutritious snacks (such as whole grain breads, muffins, cheese or peanut butter crackers or banana bread) are served daily. Include two (2) different food groups (i.e. fruit and dairy, bread and protein, etc.) [1-13 (c)]
14				Two (2) vegetables / salads / fruits are served with meals. [1-13 (c)]
15				Food is not used as a reward or punishment. [1-13 (f)]
16				Seconds of at least two (2) items at each meal are provided and available. (For example: bread and vegetable.) [1-13 (c)]
17				Standardized casseroles / protein dish recipes are available and utilized. (Include the <u>lbs.</u> and <u>ozs.</u> of protein, <u>number of servings</u> and <u>size of portions</u> .) [1-13 (h)(i)]
18				Staff serve / assist children at meal times. [1-13 (f)]
19				Food allergies / special diets posted in kitchen. [1-13 (d)]
20				Non-portable equipment and cabinets must be sealed to wall or other appropriate surface. [1-13 (j)(3)(A)(B)]
21				Staff responsible for food service must be trained in foodborne illness prevention. [1-13 (h)]
		Total <u>YES</u>		Certificate earned: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Total <u>NO</u>		

Date of survey	Signature of Surveyor
Name of ministry	Acknowledged by (signature and title)
ID number	County

CHECKLIST FOR INFANT / TODDLER CERTIFICATION (All cites preceded by 470 IAC)				
#	YES	N/A	NO	GUIDELINES
1				Infants and toddlers are kept under direct supervision at all times <u>including</u> while napping. (3-4.2-4)
2				Infants and toddlers are kept in separate rooms (<i>no throughways</i>). [3-4.2-5 (c)]
3				Infants have at least one sink for handwashing <u>in</u> the room. [3-4.2-9 (a) 2]
4				Toddler rooms have toilet rooms opening <u>directly</u> in / off each room and include a lavatory <u>in</u> the room. [3-4.2-9 (a) 2]
5				Each room has changing table or changed in own crib. [3-4.2-9 (a) 2]
6				All surfaces except carpet in Infant / Toddler rooms are sanitizable. (3-4.2-10)
7				Infants are out of cribs while awake. [3-4.2-6 (a) (1)]
8				Diaper bags are inaccessible to children. [3-4.1-9 (a)]
9				Diapering and food area separate in each room. [3-4.1-13 (j)]
10				At least one (1) rocking chair is available to each caregiver in infant rooms and at least one (1) rocking chair is available in toddler rooms. (3-4.2-5)
11				Sheets changed daily / extra supply of bedding available. [3-4.2-9 (a) (1) (B)]
12				Cribs / cots are spaced 3 feet apart. (3-4.2-9)
13				Cribs / mattress sizes correct / good shape of repair. [3-4.2-9 (a) (1) (A)]
14				Daily needs records are kept <u>and</u> posted. (3-4.2-4)
15				Parents provide a feeding plan for Infants and kept current. [3-4.2-8 (b)]
16				Premixed ready-to-feed formula or prepared bottles are provided by parents daily. [3-4.2-8 (c)]
17				Infants' bottles are not "propped". [3-4.2-8 (b)]
18				Infants are held when fed. [3-4.2-8 (b)]
19				No microwaves are used to heat infant bottles. [3-4.2-8 (c)]
20				Toddler sized chairs and tables are used for eating. (3-4.2-6)
21				Harnesses are used on highchairs. (3-4.2-8)
22				Toddler foods are appropriate for age. (<i>No choking hazards.</i>) [3-4.2-8 (d)]
23				Age appropriate dishes and utensils for infants and toddlers are used. [3-4.2-8 (d)]
24				No person under the age 21 shall at any time be alone with children under two years of age. [3-4.2-5 (b)]
25				Child staff ratios are 4:1 for infants and 5:1 for toddlers. [3-4.1-9 (b)(2)(A)]
		Total <u>YES</u>		Certificate earned: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Total <u>NO</u>		

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CHECKLIST FOR SAFETY CERTIFICATION (All cites are preceded by 470 IAC)				
#	YES	N/A	NO	GUIDELINES
1				Child / staff ratios are as follows: [3-4.1-9 (b)(2)(A)] (a) 4:1 infants (b) 5:1 toddlers (c) 5:1 two-year-olds in diapers (d) 7:1 toilet trained two's with three-year-olds (e) 10:1 three years old (f) 12:1 four years old (g) 15:1 five years old (h) 20:1 six years and older
2				Children are under <u>direct</u> supervision at all times. [3-4.1-10 (a)(2)]
3				No person <u>under</u> the <u>age of 18 years old</u> is left alone with children. [3-4.1-9 (b)(1)]
4				<u>All</u> staff are currently trained in First Aid within six (6) months of employment. [3-4.1-8 (b)(3)]
5				At least one staff member is trained in Pediatric CPR and is on the premises and available at all times. IC 12-17.2-4-2
6				At least 35 square feet of usable indoor space is provided for each child. [3-4.1-14 (a)(1)]
7				Telephone is available. [3-4.1-11 (c)(1)(B)]
8				Telephone numbers for fire, ambulance, hospital and poison control are available at each telephone. [3-4.1-11 (c)(1)(8)]
9				Emergency first aid procedures and disaster procedures are readily available and visible to all child care staff. [3-4.1-11 (c)]
10				Emergency phone numbers for <u>all</u> children are available. [3-4.1-7 (c)(2)]
11				First aid supplies <u>and</u> manual are available. [3-4.1-11 (c)(2)]
12				Medication <u>not</u> requiring refrigeration is stored in a locked cabinet or drawer outside of the kitchen. [3-4.1-11 (c)(2)(d)]
13				Unused and / or outdated medications are discarded. [3-4.1-11 (c)(2)(d)]
14				The janitor's closet containing <u>chemicals</u> , <u>poisons</u> , and items which state "HARMFUL" or "FATAL IF SWALLOWED" is kept <u>LOCKED</u> . [3-4.1-11 (c)(2)(d)]
15				Hazardous items (<i>such as bleach solution and other cleaning supplies and teachers' purses</i>) are <u>inaccessible</u> to children. [3-4.1-11 (c)(2)]
16				Floors are smooth, carpet firmly secured. [3-4.1-14 (b)]
17				Protective plugs are provided on all electrical outlets. Extension cords are not used. [3-4.1-11 (c)(2)]
18				An approved <u>hot water control valve</u> is provided for all handwashing lavatories. [3-4.1-14 (b)(1)]
19				A handwashing lavatory is located within the same room <u>or</u> area as is the changing table or at least a minimum of 10 feet from the diapering table. [3-4.1-14 (a)(1)(c)]
20				Infants' bottles are <u>not</u> propped. [3-4.2-8 (b)]
21				Infants are held when fed. [3-4.2-8 (b)]
22				Hallways and corridors have 20 footcandles of lights. [3-4.1-14 (6)(A)(D)]
23				Playground(s) is safely enclosed or protected. [3-4.1-14 (a)(2)]
24				Meets the requirements of FPBSC. (" <i>Opt-out</i> " letters <u>not</u> used.) (3-4.1-15)
		Total <u>YES</u>		Certificate earned: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Total <u>NO</u>		

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CHECKLIST FOR HEALTH CERTIFICATION (All cites start with 470 IAC)						
#	YES	N/A	NO	GUIDELINES		
1				All staff members have physical exams within one (1) month of employment or six (6) months prior to employment. [3-4.1-8 (a)]		
2				All staff members are verified to be free of tuberculosis and other communicable disease within 30 days of employment <u>and</u> have annual Mantoux tests. [3-4.1-8 (a)]		
3				Each child has a physical exam within 30 days of admission or six (6) months prior to admission. [3-4.1-12 (a)]		
4				Cots are spaced at least two (2) feet or more apart. [3-4.1-10 (a)(2)(B)]		
5				Hot water (100-120 degrees Fahrenheit) is provided to all handwashing sinks. [3-4.1-14 (b)(1)]		
6				Records are maintained on all children's injuries. [3-4.1-7 (e)(1)(2)]		
7				Medicine <u>not</u> requiring refrigeration is stored in a <u>locked</u> cabinet or drawer <u>outside of the kitchen</u> . [3-4.1-11 (c)(2)(d)]		
8				<u>All</u> medications have physician's written order. [3-4.1-11 (c)(2)(d)]		
9				All medications are appropriately recorded immediately after being administered to child(ren). [3-4.1-11 (c)(2)(d)]		
10				One toilet and one lavatory is provided and maintained for each 15 children ages 2-12 years old. [3-4.1-14 (b)(1)]		
11				Diapering table pad is inaccessible to children and not used for any purpose except diapering. [3-4.1-9 (b)(2)(c)]		
12				Skin care procedures for diapering posted by each diapering area. [3-4.2-6 (b)(3)(A)]		
13				Wash cloths used by facility laundered in 160 degree Fahrenheit or approved sanitizing solution. [3-4.2-6 (b)(1)]		
14				A fresh, clean, waterproof paper is used on top of the diaper changing pad for each diaper changed. [3-4.2-6 (b)(2)(4)]		
15				Fifty (50) footcandles of illumination are provided above classroom tables. [3-4.1-14 (b)(6)(A)]		
16				Thirty (30) footcandles of illumination are provided in bathrooms. [3-4.1-14 (b)(6)(B)]		
17				Sixty-eight (68) degrees or more within two (2) feet of floor / ventilation adequate. [3-4.1-14 (b)(6)(D)]		
18				The swimming / wading pool meets 675 IAC 9 standards AND has a current Health Department permit. [3-4.1-14 (a)(3)]		
19				<p>The children have the following immunizations:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><u>DTP</u> * (Diphtheria, Tetanus, Pertussis) at:</p> <p>2 months 4 months 6 months 15 months 4-6 years</p> <p><u>POLIO</u> at: 2 months 4 months 6 months 15 months 4-6 years</p> <p><u>MMR</u> at: 15 months 4-6 years</p> </td> <td style="vertical-align: top;"> <p><u>Hib</u> * (Protection against Meningitis disease) at:</p> <p>2 months 4 months 6 months 15 months</p> <p><u>Recommended, but not required:</u></p> <p><u>HBV</u> at: Birth 1 month 6 months</p> <p><u>VARICELLA</u> (Chickenpox) at: 15 months 4-6 years</p> <p>* Tetramune is DTP/Hib</p> </td> </tr> </table>	<p><u>DTP</u> * (Diphtheria, Tetanus, Pertussis) at:</p> <p>2 months 4 months 6 months 15 months 4-6 years</p> <p><u>POLIO</u> at: 2 months 4 months 6 months 15 months 4-6 years</p> <p><u>MMR</u> at: 15 months 4-6 years</p>	<p><u>Hib</u> * (Protection against Meningitis disease) at:</p> <p>2 months 4 months 6 months 15 months</p> <p><u>Recommended, but not required:</u></p> <p><u>HBV</u> at: Birth 1 month 6 months</p> <p><u>VARICELLA</u> (Chickenpox) at: 15 months 4-6 years</p> <p>* Tetramune is DTP/Hib</p>
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		Total YES		Certificate earned: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>		
		Total NO				
Date of survey				Signature of Surveyor		
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